

DOCUMENT # F98000001854
1. Entity Name
AFFILIATED FORENSIC LABORATORIES, INC.
Principal Place of Business
3030 N. CENTRAL AVE., STE. 501
PHOENIX AZ 85012
Mailing Address
3030 N. CENTRAL AVE., STE. 501
PHOENIX AZ 85012

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90087 025 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 86-0486886
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE ACCESS, INC.
236 EAST 6TH AVE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE P ☐ Delete
NAME FLYNN, WILLIAM J
STREET ADDRESS 4145 W. CORONA DR.
CITY-ST-ZIP CHANDLER AZ 85226
TITLE V ☐ Delete
NAME FLYNN, DAVIDA J
STREET ADDRESS 4145 W. CORONA DR.
CITY-ST-ZIP CHANDLER AZ 85226
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME 7260 E. EAGLE CREST DR. #33
STREET ADDRESS MESA, AZ 85207
TITLE ☒ Change ☐ Addition
NAME 7260 E. EAGLE CREST DR. #33
STREET ADDRESS MESA, AZ 85207
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Flynn WILLIAM J. FLYNN President 1-4-01 602-241-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)